

Name  
in  
Full

Sallie Basy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1950	Feb	15	Age 62		
Sex	Color or Race	white			
Female		Calvert Co			
Occupation	Housewife				
Where Residing if not et place of death					
Married, Single or Widowed	Name of Wife or Husband				
Thomas Basy					
Father's Name	John Gerson				
Calvert Co					
Mother's Maiden Name	Bettie Gerson				
Calvert Co					
Name of person giving Information					
How related to deceased					

CAUSES OF DEATH

79

How long

Primary

Mitral Regurgitation

How long

Immediate

Exhaustion

1 Gr

PHYSICIAN  
OR CORONER

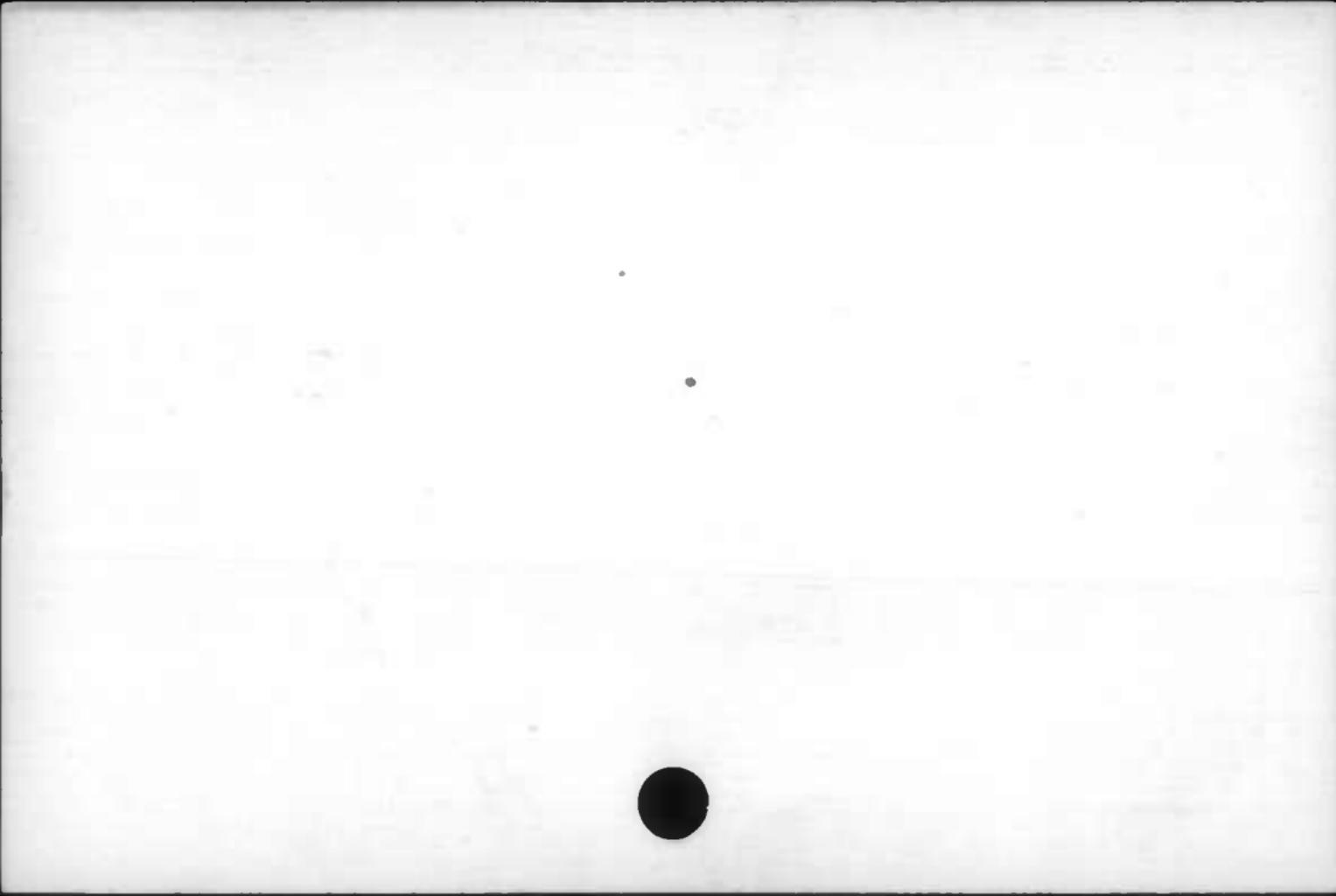
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. W. Tracy  
Baltimore MD

Accident or Suicide



Name  
in  
Full

Laura V Buckmaster

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1900	Feb	16	Age 72	—	—	
Sex	Female	Color or Race	white	Birth-place	Baltimore	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			Glewlynne Buckmaster		
Father's Name	Haworth Bowen			Father's Birthplace	Baltimore	
Mother's Maiden Name	Monett			Mother's Birthplace	Not obtainable	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia*  
Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

How long

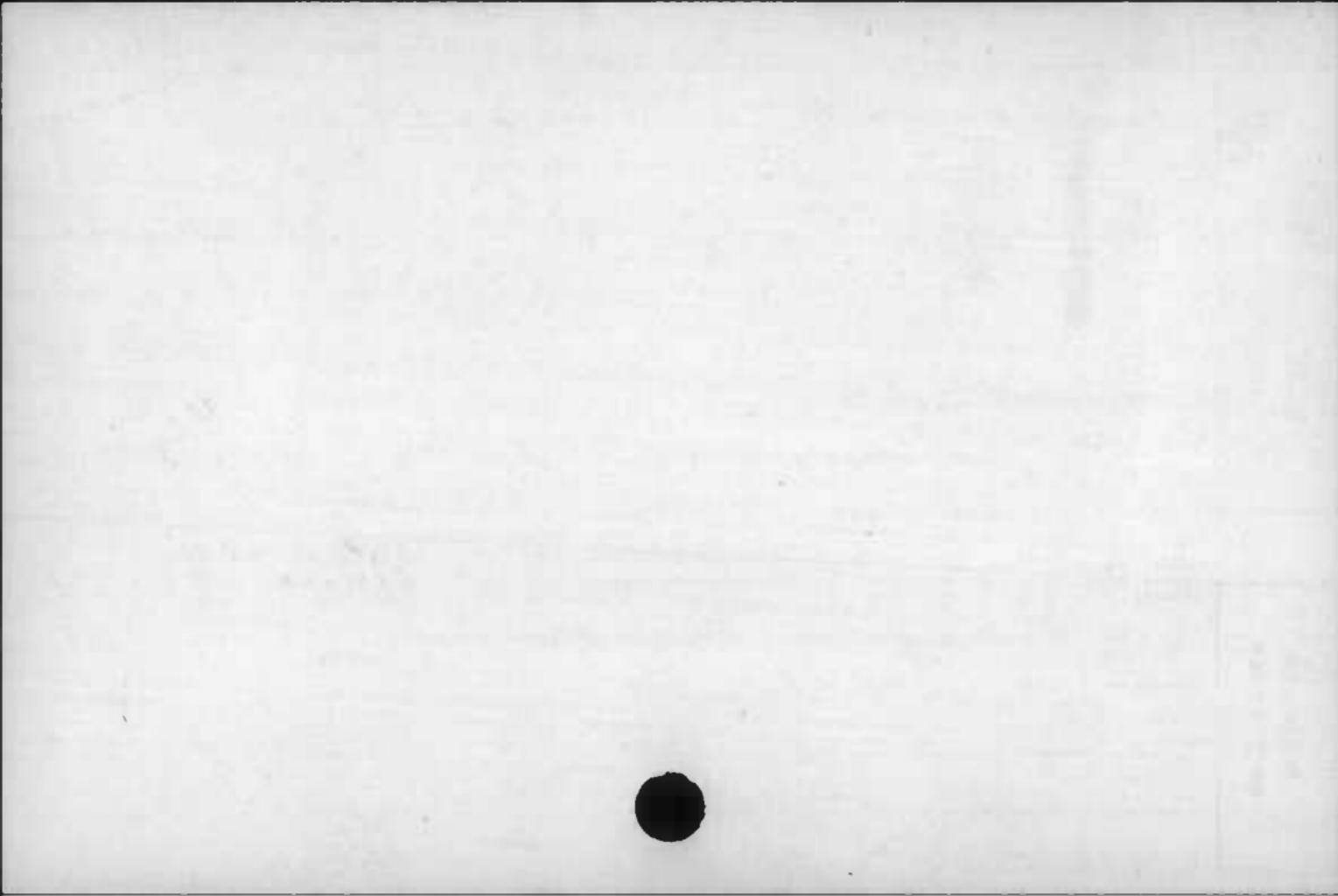
93

✓  
4 days

D. L. M. King  
Barstow

Med.

Accident or Suicide?



Name  
in  
Full

Malvina Muriel Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County
Died at	Calvert
Date of death 190	Month July Day 25 Age
Sax	Color or Race
Occupation	Where Residing if not at place of death
Married, Single or Widowed	Name of Wife or Husband
Father's Name	Father's Birthplace
Mother's Maiden Name	Mother's Birthplace
Name of person giving Information	How related to deceased

Chambersville      Calvert      Maryland

Male      Colored      Chambersville

Single      unknown

Estelle Crawford

Henry Gray

Unknown

Calvert Co. Md

Not related

CAUSES OF DEATH

Primary

Bronchitis - Pneumonia

9P

How long

10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

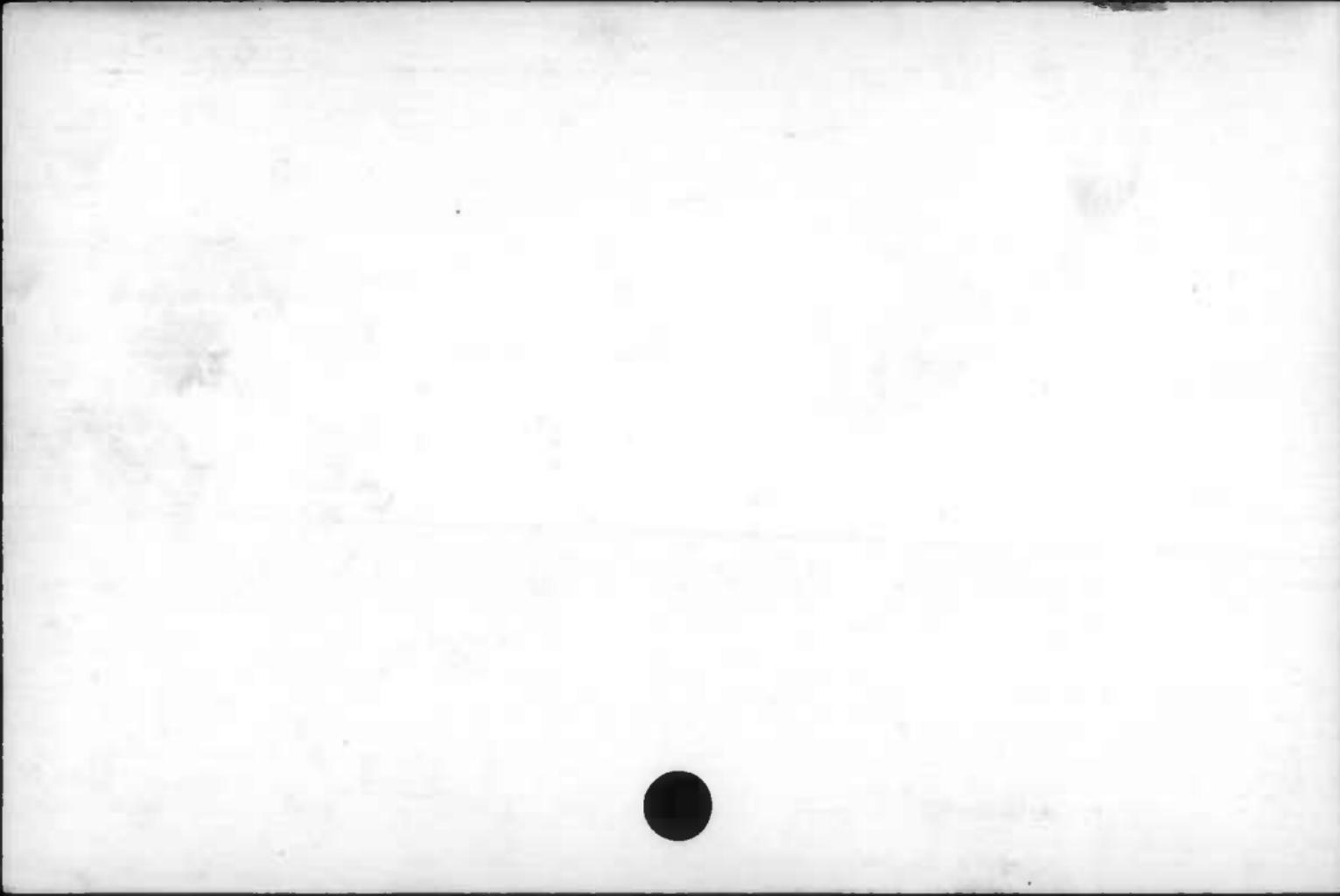
Signature of Physician

Address

H. P. M. Chany M.D.  
Chany M.D.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

1960

Month

JUL

Day

9

Years

69

Age

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Anne Arundel

Occupation

None

Where Residing If not  
st place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Betty Diggs

Father's  
Birthplace

Anne Arundel

Mother's  
Maiden Name

Lorraine Jones

Mother's  
Birthplace

Anne Arundel

Names of person giving  
Information

How related  
to deceased

Bro

CAUSES OF DEATH

Primary

Gangrene of the dorsal surfaces of hands & feet due to anemia + little circulation.

142

How long

16 days

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

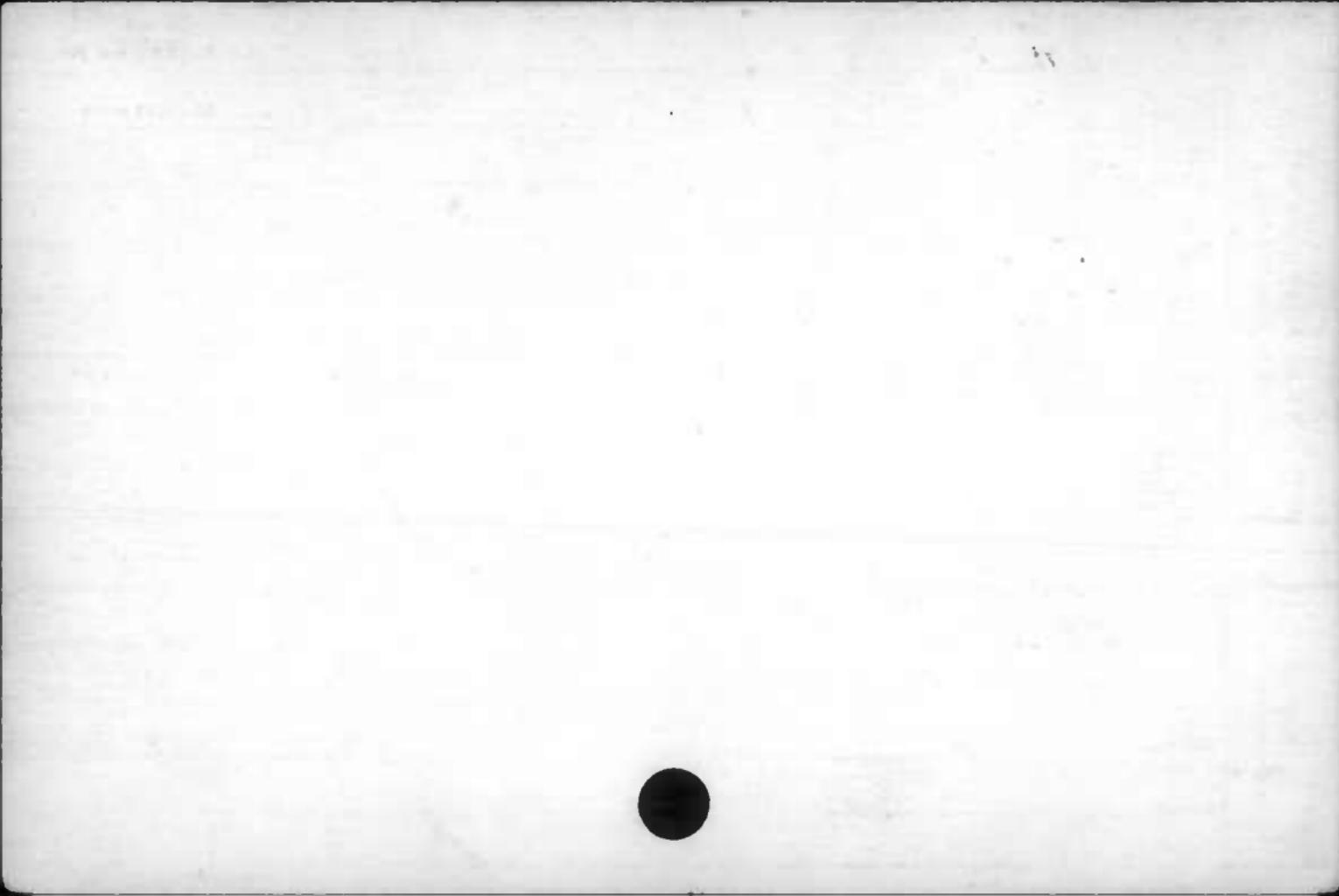
Signature of  
Physician

Address

George Peterson  
St. Leonards

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Martha Priscilla Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Thomas Elliott			
Father's Name	Alexander Posey			Father's Birthplace	Princ George Co. Md.
Mother's Maiden Name	Martha Priscilla			Mother's Birthplace	Princ George Co. Md.
Name of person giving information	Geo. A. Garnet.			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Disease of Aortic Valves

79

How long

Immediate Dropsy

4 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

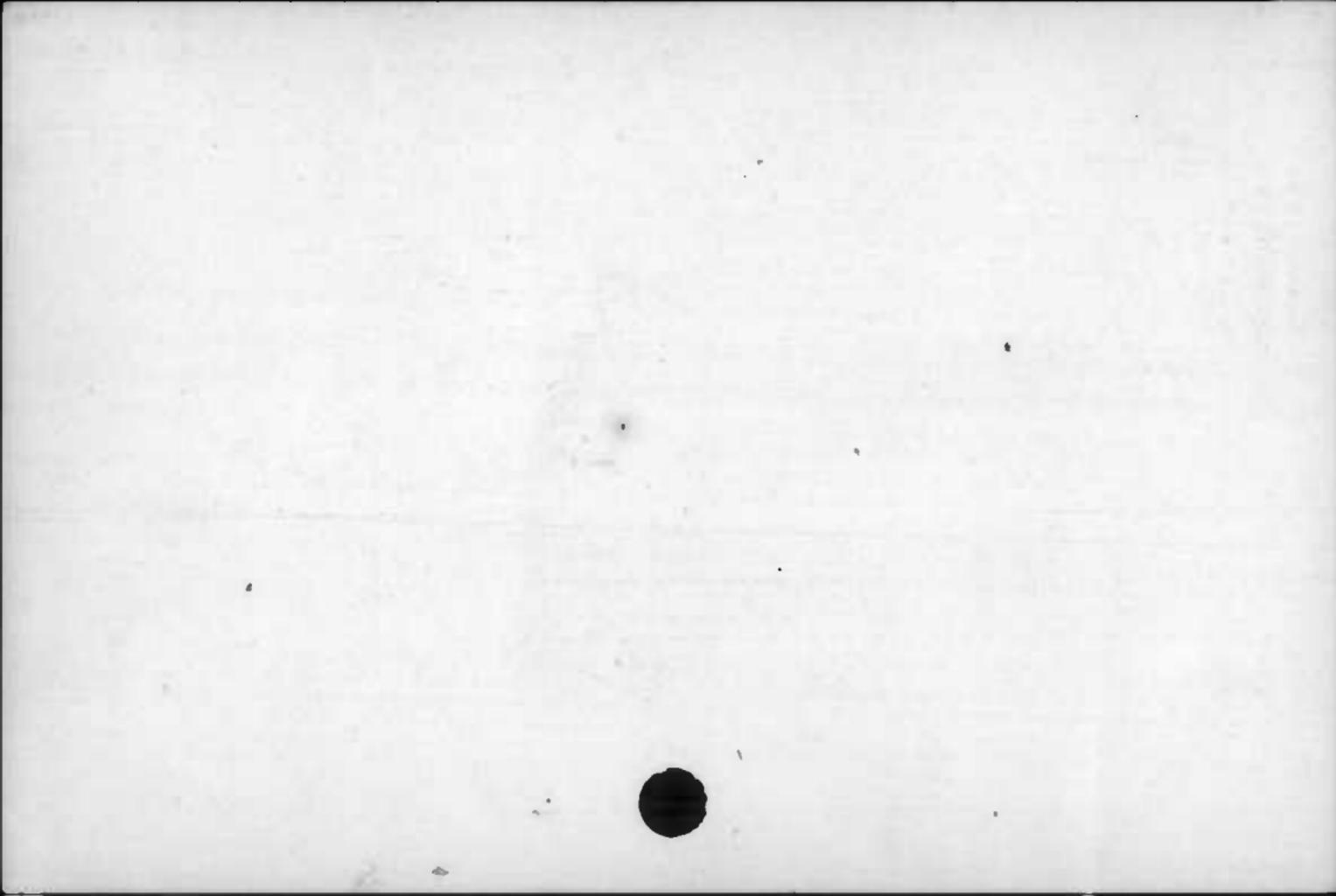
Address

West Marsh,

Solomons

Md.

Accident or Suicide



Name  
in  
Full

Katia Ennis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Potomac</u>		Town <u>Town</u>		County <u>Calvert</u>		MARYLAND	
Date of death	1910	Month <u>Feby</u>	Day <u>24</u>	Age <u>28</u>	Years	Months <u>1</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Calvert Co.</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Joseph Ennis</u>					
Married, Single or Widowed		Name of Wife or Husband <u>Joseph Ennis</u>		Father's Birthplace <u>Col' Co.</u>			
Father's Name <u>William Smith</u>				Mother's Birthplace			
Mother's Maiden Name <u>Martha Ennis</u>							
Name of person giving information		How related to deceased <u>29</u>					

CAUSES OF DEATH

Primary

Pul' Tuberculosis

How long

1 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

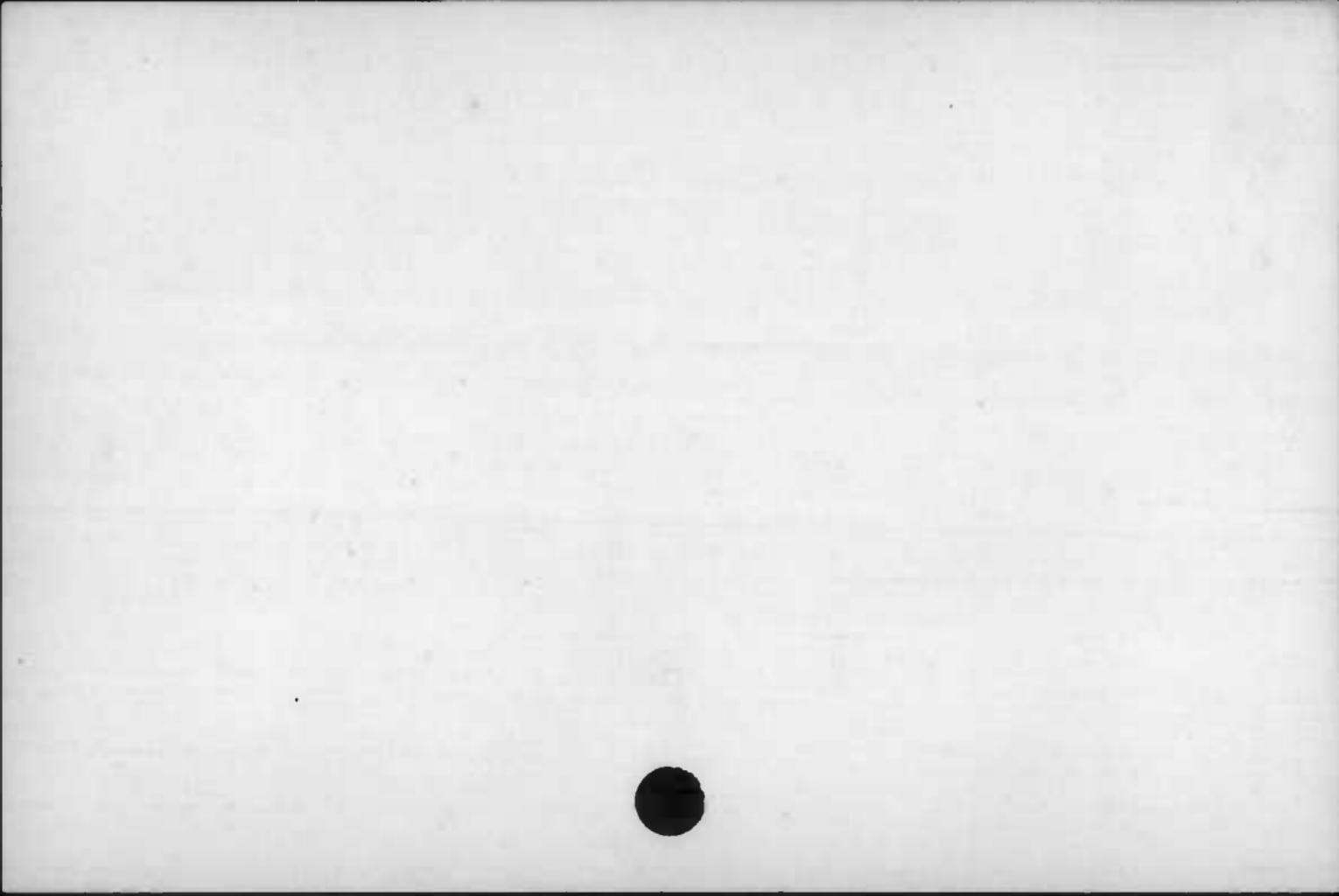
Signature of Physician

D. J. W. Leitch

Address

Huntington  
Md.

Accident or Suicide?



Name  
in  
Full

Sallie J. Forrer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County
Died at Chaneyville	Calvert
Date of death 1940 Feb 26	Age 71
Month	Year
Sex Female	Color or Race White
Occupation Housewife	Where Residing if not at place of death
Married, Single or Widowed Widow	Name of Wife or Husband William L. Forrer
Father's Name Thomas Lane	Father's Birthplace Calvert Co.
Mother's Maiden Name Rebecca Hardesty	Mother's Birthplace
Name of person giving Information Jno E. Plummer	How related to deceased Son

CAUSES OF DEATH

Primary

Chronic Bright's Disease Unknown

Immediate

Uraemia

120

v

How long

How long

6 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

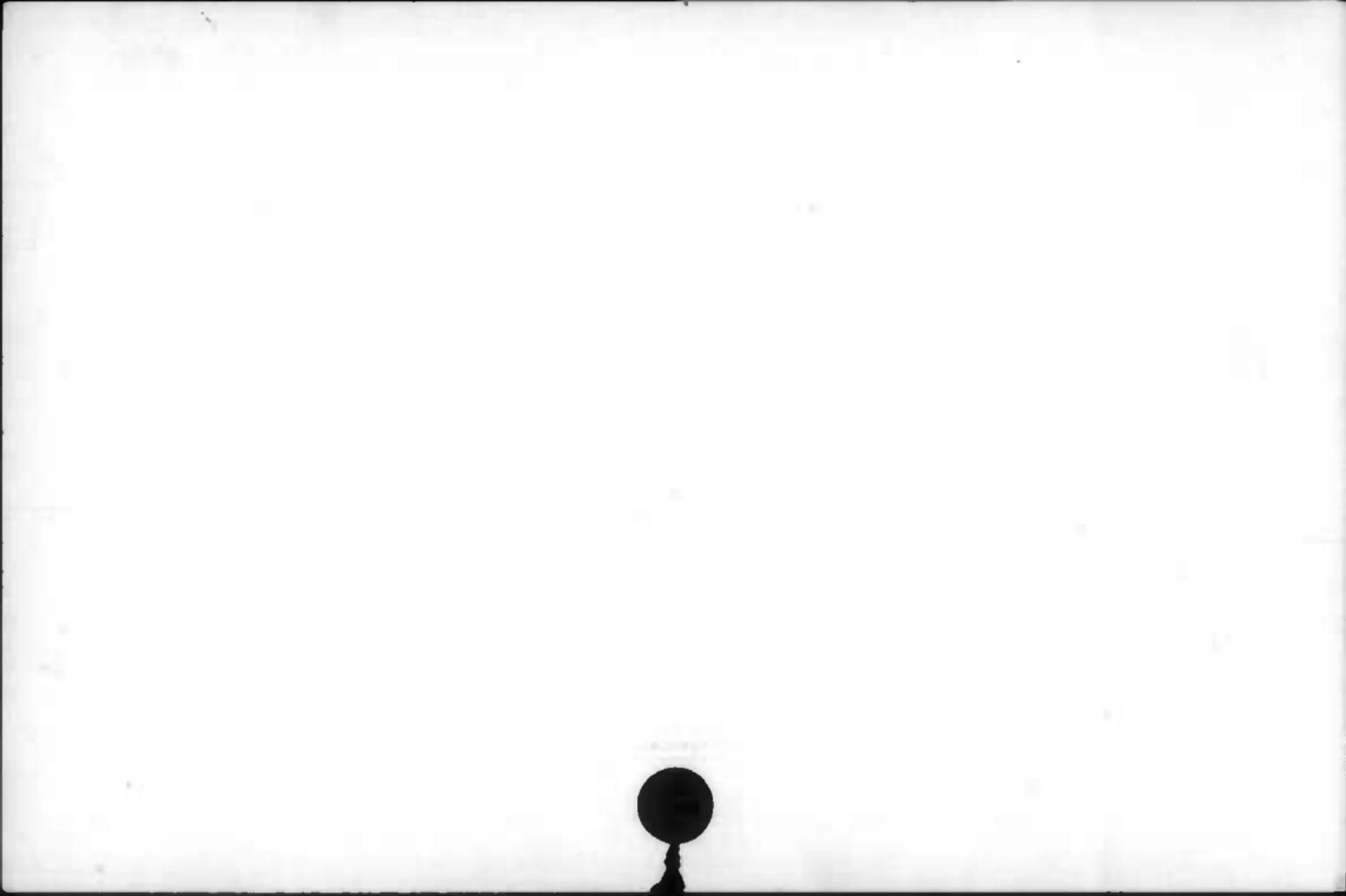
Yes

Signature of Physician

Address

E. H. Tissman  
Lo. Marlboro,  
Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Stee born	Town	Harrison	County	MARYLAND		
Died at	Owings	Calvert		Month	Days	
Date of death	1900	Feb.	14	Age	0	0
Sex	Female	Color or Race	white	Birth-place	Owings, Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Md.		
Father's Name	Rufus D. Harrison		Mother's Maiden Name	Md.		
Mother's Maiden Name	Mary Morland		Name of person giving information	Father		
Name of person giving information	Rufus D. Harrison		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Stee born died -

8  
How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

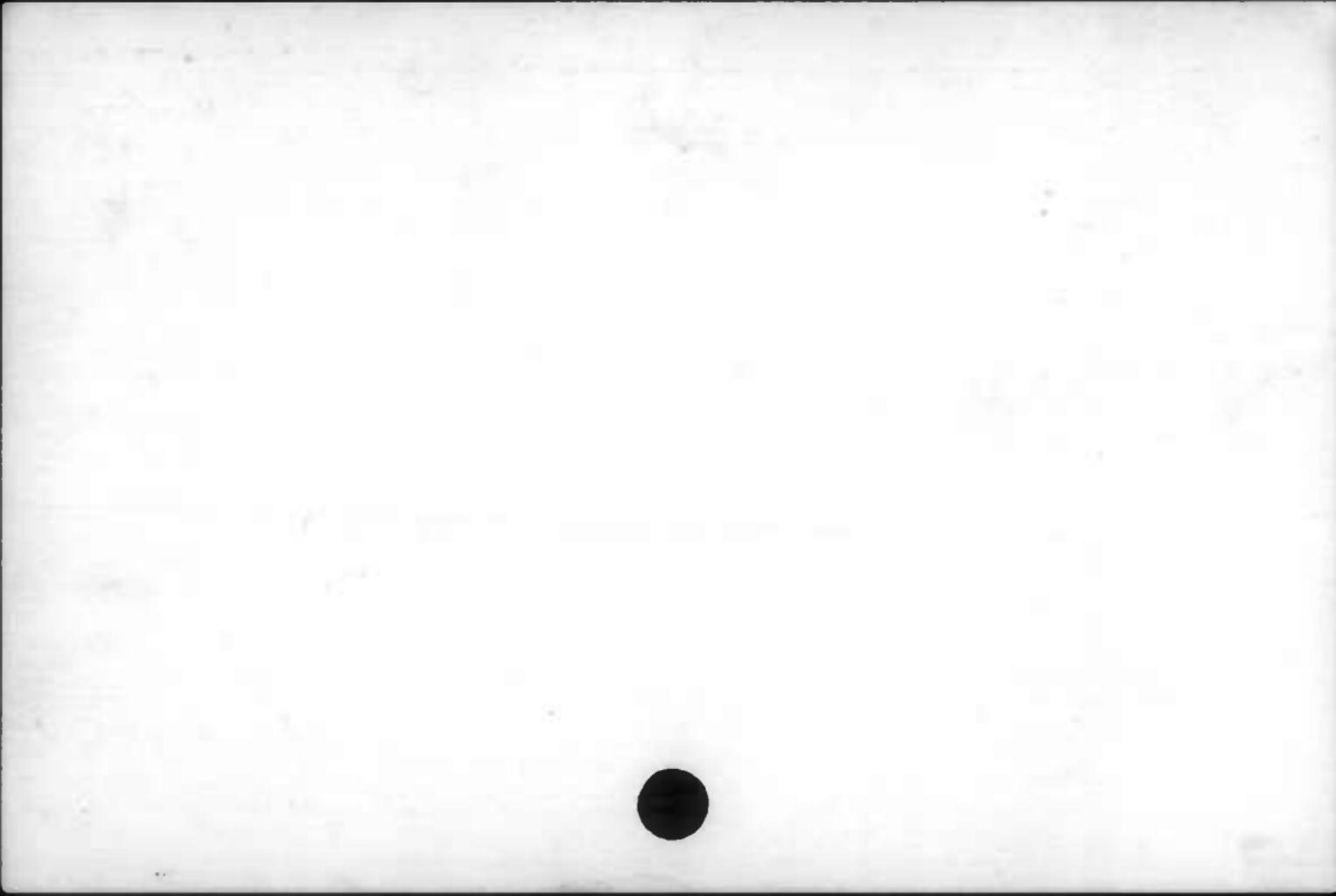
yes

Signature of Physician

Address

A. H. Gerrie  
McKendree, Md.

Accident or Suicide



Name  
in  
Full

Pauline Helen

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	- Years	Months	Days	
1960	Feb	11	10	9	26	
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co Md	
Occupation	Mom	Where Residing if not at place of death				
Married, Single or Widowed	Singl	Name of Wife or Husband	—			
Father's Name	Richard Helen			Father's Birthplace	Calvert Co Md	
Mother's Maiden Name	Sarah Taylor			Mother's Birthplace	Calvert Co Md	
Name of person giving information	Guy Taylor			How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

27

✓

Immediate

Pulmonary Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

yes

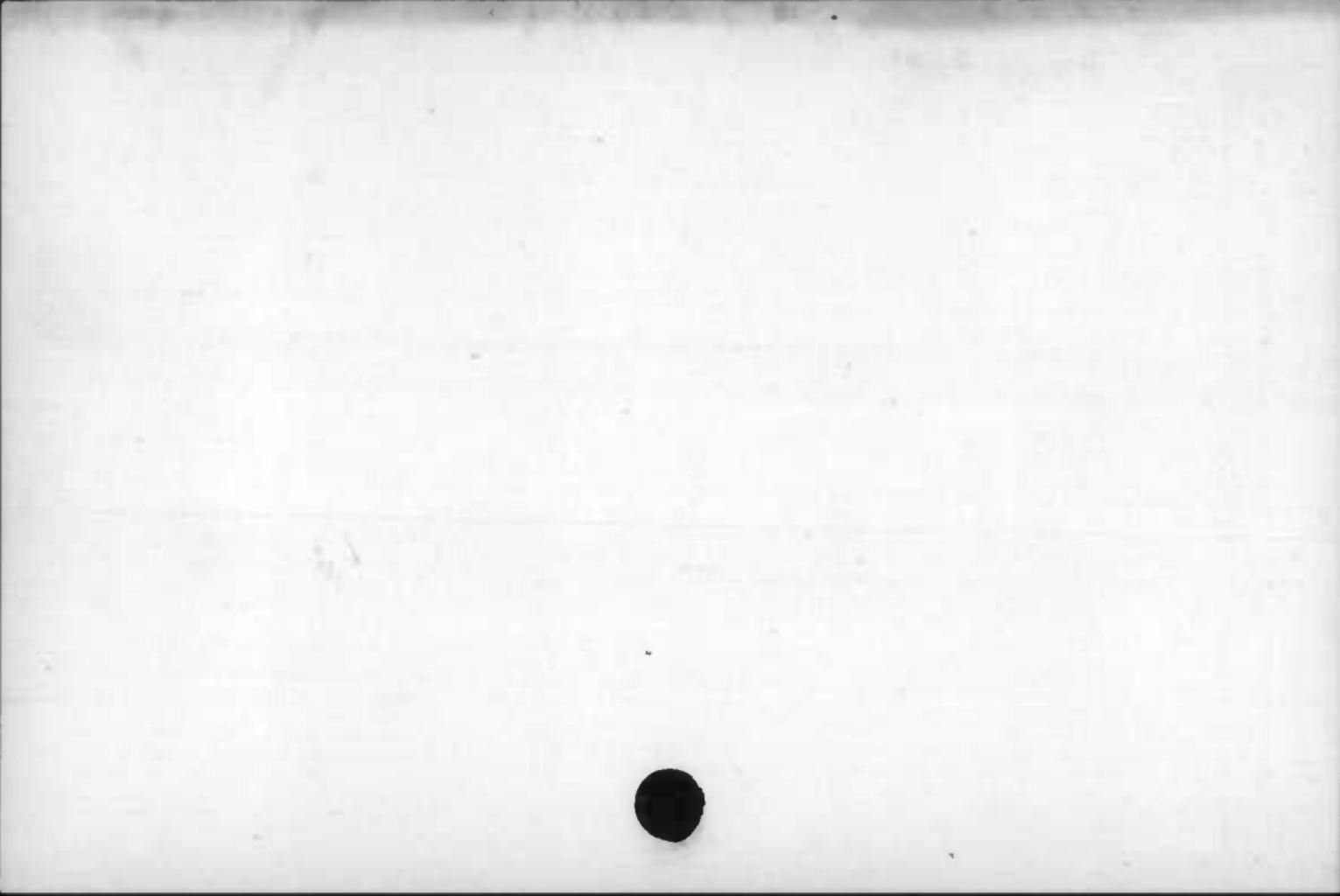
Signature of Physician

G. F. Chambers

Address

Lusby Calvert Co Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Richard Jersey

Town

Month

Day

Died at

Plum Pt. of

County

Years

Calvert

Month

Days

Date

of death

1910

Feb.

25

Age

80

Sex

Male

Color or  
Race

Negro

Birth-  
place

Plum Pt. Bell.

Occupation

Farmers

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Birthplace

Unknown

Father's  
Name

Unknown

Mother's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

How related  
to deceased

None

Name of person giving  
Information

Tom Jones

CAUSES OF DEATH

Primary

Old Age

103

How long

Immediate

Acute Indigestion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

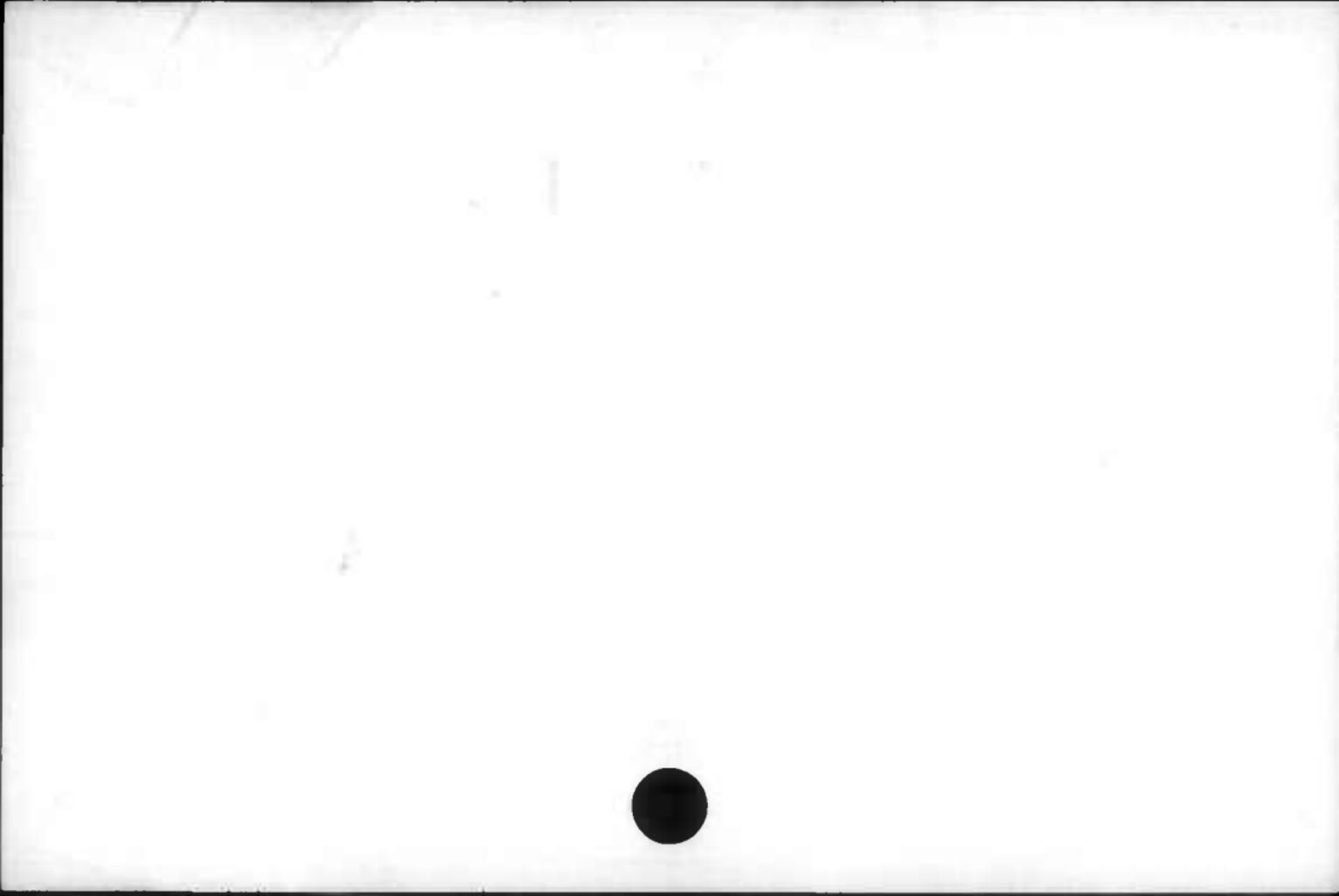
Address

W. H. Falloch.

Willowbrook Md.

Accident or Suicide





Name  
in  
Full

Miley Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town      County  
Died at      Sunderland      Calvert      MARYLAND  
Month      Day      Years      Months      Days  
Date of death 1900 Jan 18      Age 80  
Sex      Female      Color or Race      Black      Birth-place      Cal. Leo.  
Occupation      House wife      Where Residing if not  
at place of death  
Married, Single or Widowed      Name of Wife or Husband      John H Jones  
Father's Name      Nat Brandon      Father's Birthplace      Nat Brandon  
Mother's Maiden Name      " Ned " Jones      Mother's Birthplace      "  
Name of person giving Information      " Ned " Jones      How related to deceased      Son

CAUSES OF DEATH

Primary

Pneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J.W. Leitch  
Huntingtown  
Md

PHYSICIAN  
OR CORONER

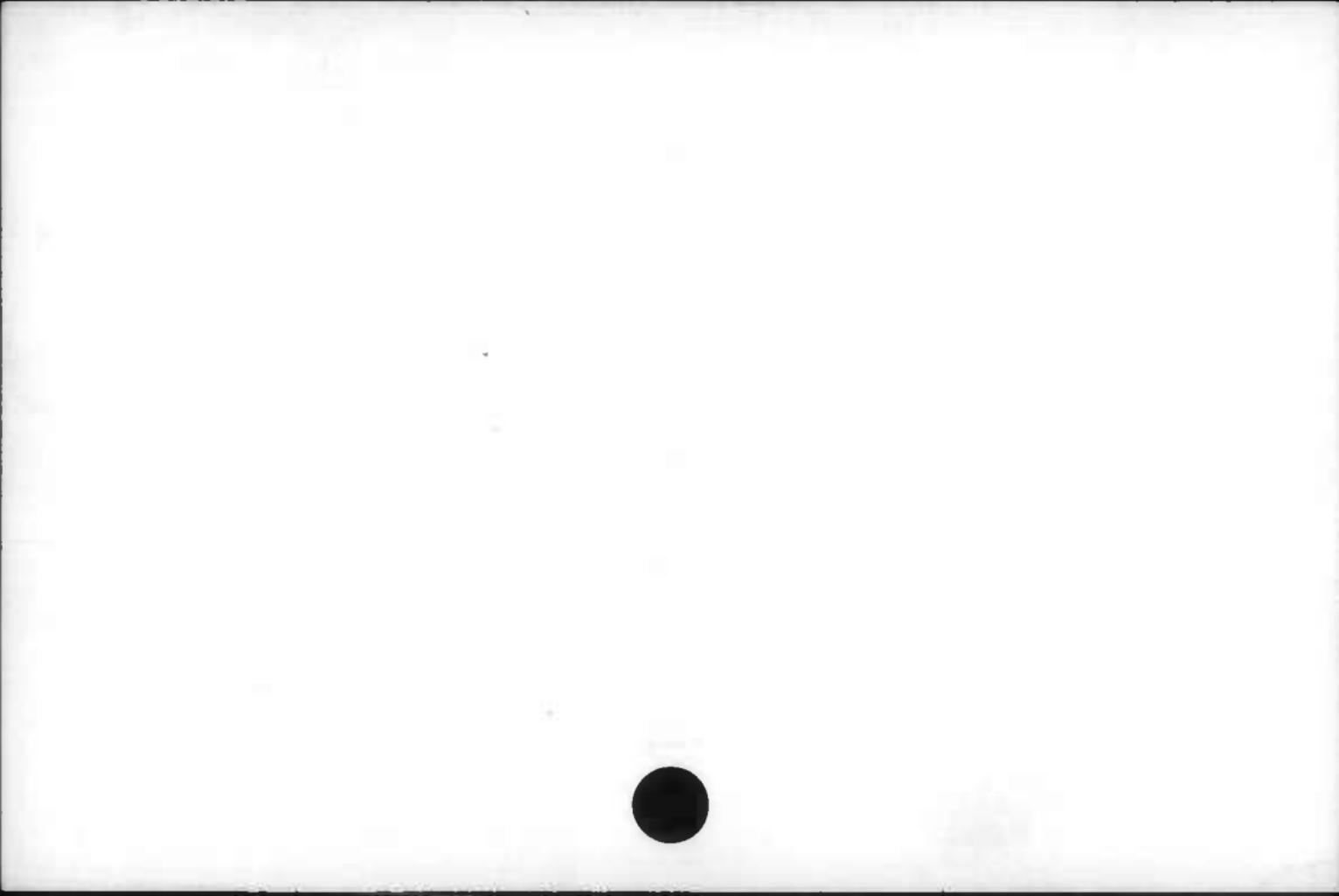
Accident or Suicide



V

How long

6 days



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Lusby		County	Calvert		
Date of death	Month	Day	Age	Years	Months	Days	
19 <del>10</del> Feb	Feb	5					
Sex	Color or Race	Male white					
Occupation	Where Breeding if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	James Clifford Lusby						
Mother's Maiden Name	Julia Ann Wallace						
Name of person giving Information	Julia Ann Lusby						

CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

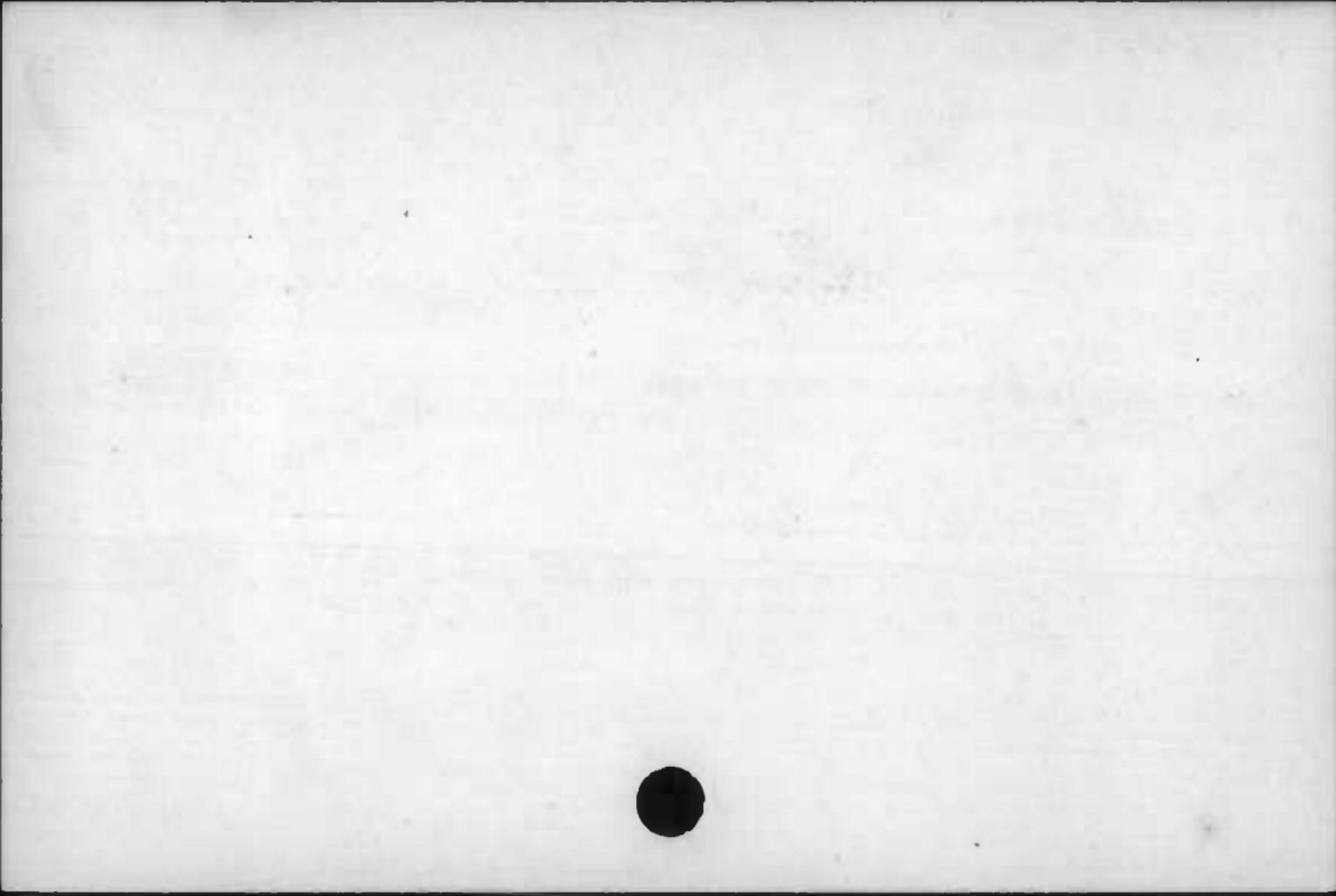
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Anthony Chet Shin Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	—		County	MARYLAND					
Date of death	1940	Month	Feb	Day	16	Years	—	Months	—	Days
Sex	Female	Color or Race	Colonist	Birth-place	Calvert Co					
Occupation	Where Residing if not at place of death									
Married, Single or Widowed	Name of Wife or Husband									
Father's Name	Sherman Moore									
Mother's Maiden Name	Hermine Jackson									
Name of person giving information	Sherman Moore									

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Myocardial infarction

189

How long

Immediate

Hypertension

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Physician Anthony J.  
Mueller MD

Accident or Suicide

85  
13  
—  
22

Name  
in  
Full

Elizabeth Pardon

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND						
Date of death	Month	Day	Years	Months	Days				
1960	Feb	19	Age 84	11	4				
Sex	Color or Race	Birth-place							
Female	White	Calvert Co Md							
Occupation	Where Residing if not at place of death								
Married, Single or Widowed	Name of <del>Husband</del> or Husband	Samuel Pardon							
Widow	John Dowell	Father's Birthplace	Calvert Co Md						
Father's Name	Unknown					Mother's Birthplace	Calvert Co Md		
Mother's Maiden Name						Name of person giving information	Son		
Robert Pardon		How related to deceased							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dysentery

14

How long

Immediate

Exhaustion

12 days

Are the name, age, sex, color, date and place correctly given above?

yes

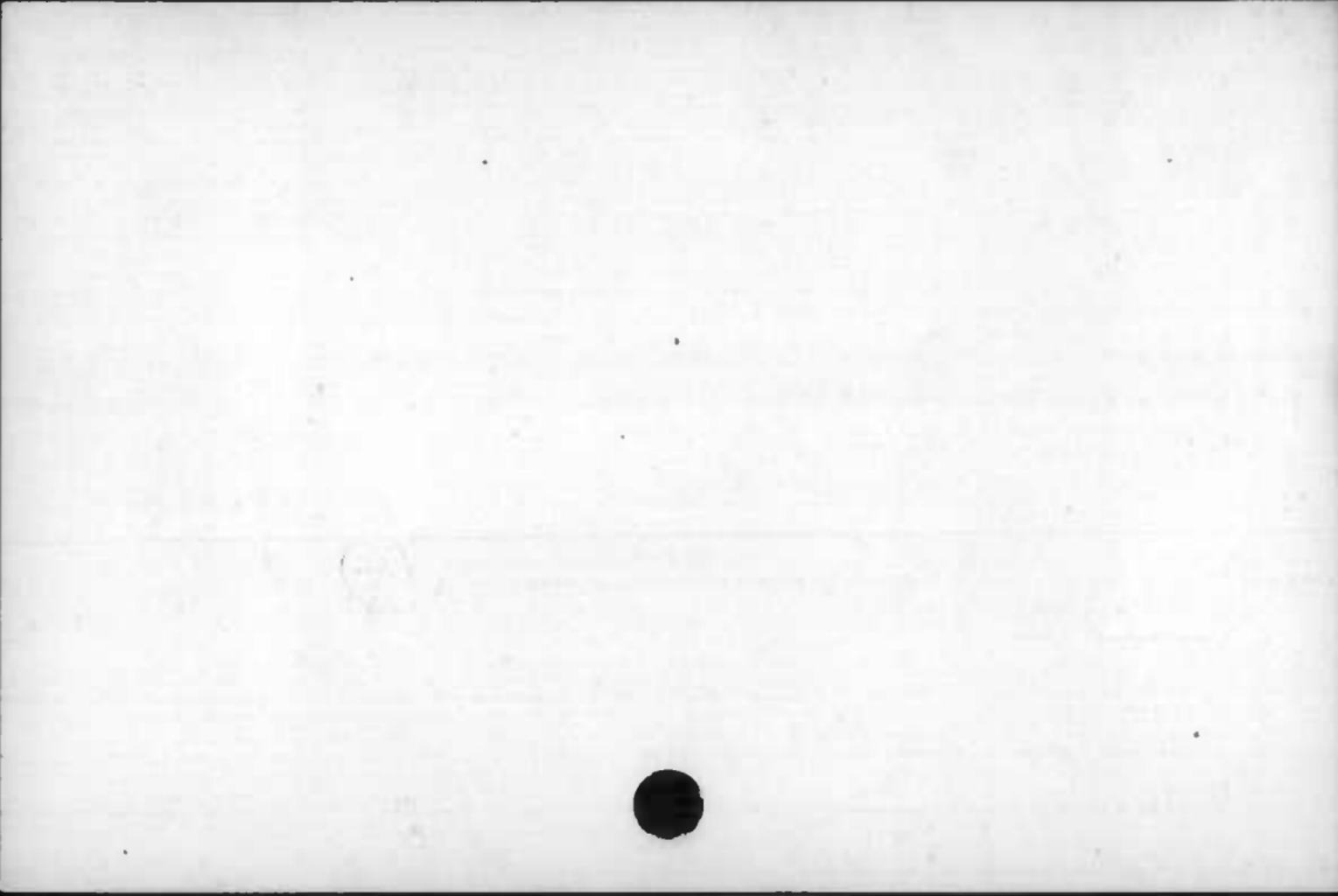
Signature of Physician

Geo F Chambers

Address

Lumbips Calvert Co Md

Accident or Suicide?



Name  
in  
Full

Mary Sears

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt. Harmony</u>		County <u>Calvert -</u>	MARYLAND	
Date of death <u>1960</u>	Month <u>2</u>	Day <u>11</u>	Age <u>38</u>	Months _____ Days _____
Sex <u>Female</u>	Color or Race <u>white -</u>	Birth-place <u>Baltimore</u>		
Occupation <u>Housewife</u>	Where residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joshua Lee Sears</u>	Father's Name <u>John Taylor</u>	Father's Birthplace <u>Md</u>	Mother's Birthplace <u>Va</u>
Mother's Maiden Name <u>Unknown</u>	Name of person giving Information <u>Joshua L Sears</u>	How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

92

✓

How long

five days

Immediate

Heart Failure

How long

Several hours

Are the name, age, sex, color, date and place correctly given above?

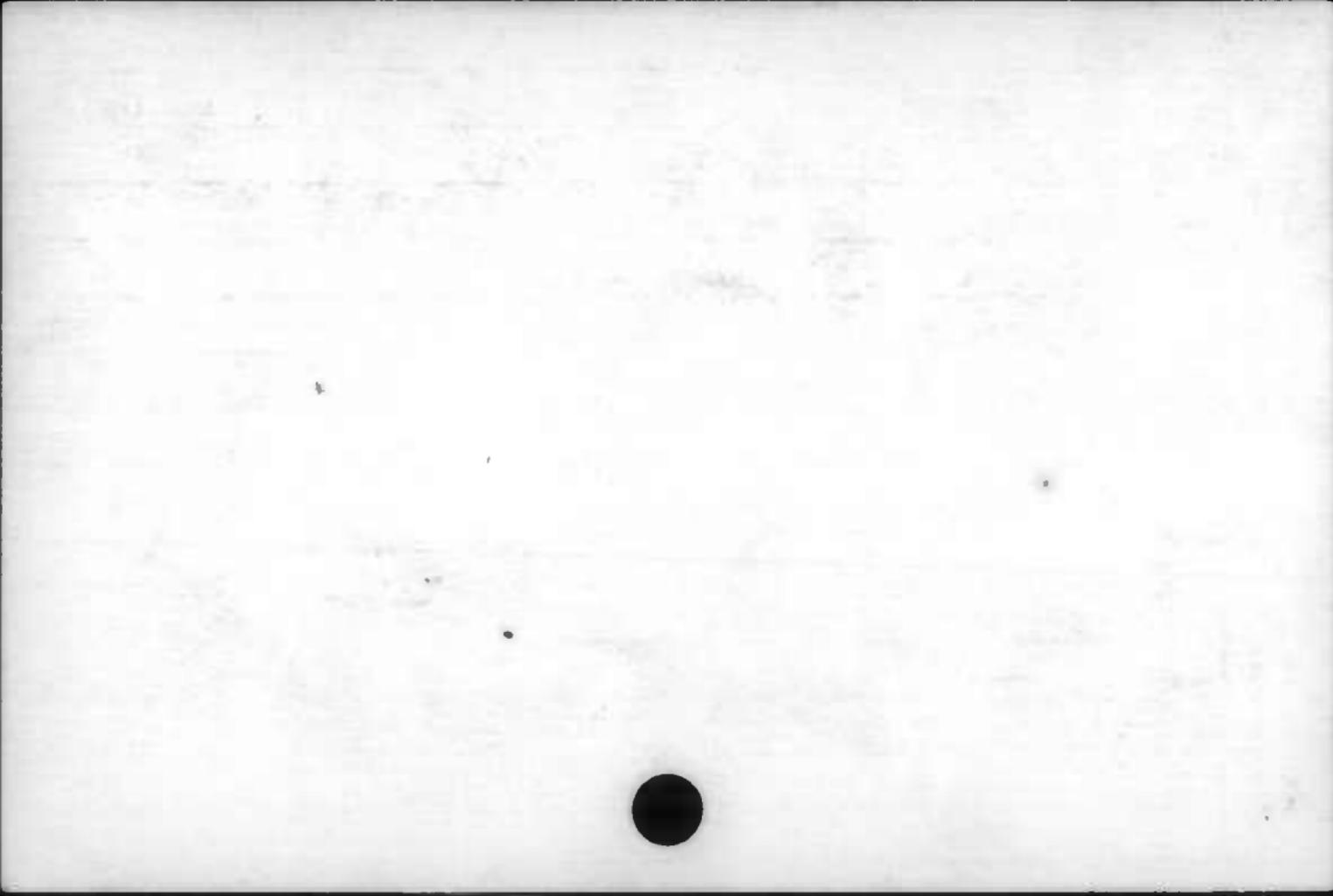
Yes

Signature of Physician

Address

J. L. Brayshaw  
Friendship  
Md

Accident or Suicide



Name  
in  
Full

Salendou Torney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Eliza Torney			Mother's Birthplace	Calvert Co Md
Name of person giving information	Abreca Torney			How related to deceased	grandmother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cold and teething*

189

Hour

4 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

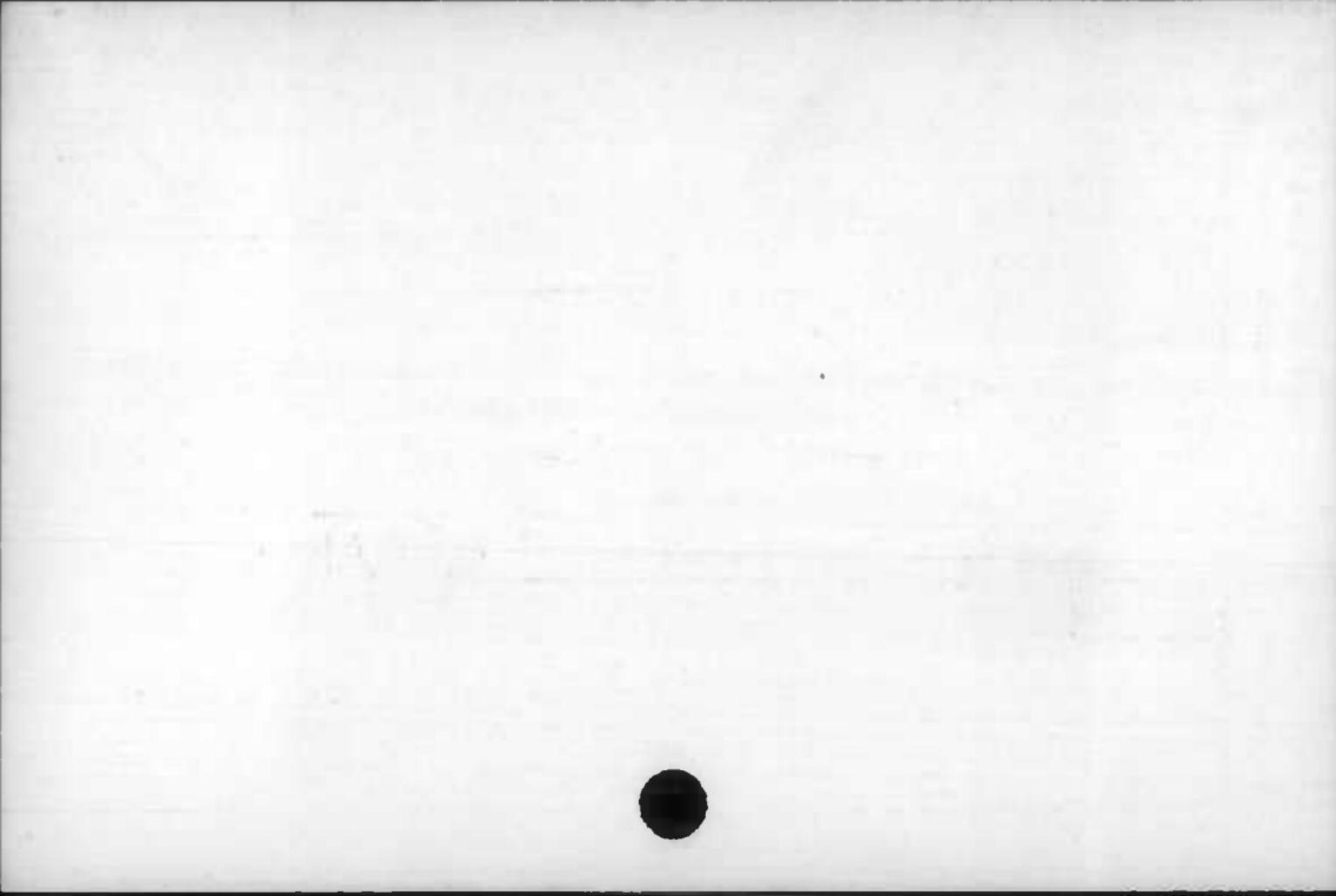
yes

Signature of Physician

John F Chambers  
Sub registrard B of 14  
Lusby Calvert Co  
Md

Address

Accident or Suicide?



Name  
in  
Full

Sadie E Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> North Chesapeake Beach Calvert MARYLAND  
Date of death 1960 Month 2 Day 7 Years — Months — Days 21  
Sex Female Color or Race white Birth-place Chesapeake Beach  
Occupation

Where Residing if not  
at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name William R Tucker

Father's Birthplace Md

Mother's Maiden Name Sadie E Ward

Mother's Birthplace Md

Name of person giving Information Sadie E Tucker

How related to deceased Mother

CAUSES OF DEATH

Primary

Convulsions

71

✓

How long

Two days

Immediate

Convulsions

How long

Several hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J L Brayshaw  
Friendship  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide

Eddie Ward  
Address

Name  
in  
Full

Still Born Infant Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at North Charles Beach		County Calvert		MARYLAND	
Date of death 1900	Month 2	Day 11	Years	Month	Days
Sex Male	Color or Race white	Birth-place North Charles Beach			
Occupation			Where Residing if not et place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Wm Riley Tucker				Father's Birthplace Va	
Mother's Maiden Name Olivia Catterson				Mother's Birthplace Md	
Name of person giving information W R Tucker				How related to deceased Father	

CAUSES OF DEATH

Primary Protracted and difficult Labor

(8) ✓

How long 24 hours

Immediate Asphyxiation

Are the name, age, sex, color, date and place correctly given above ?

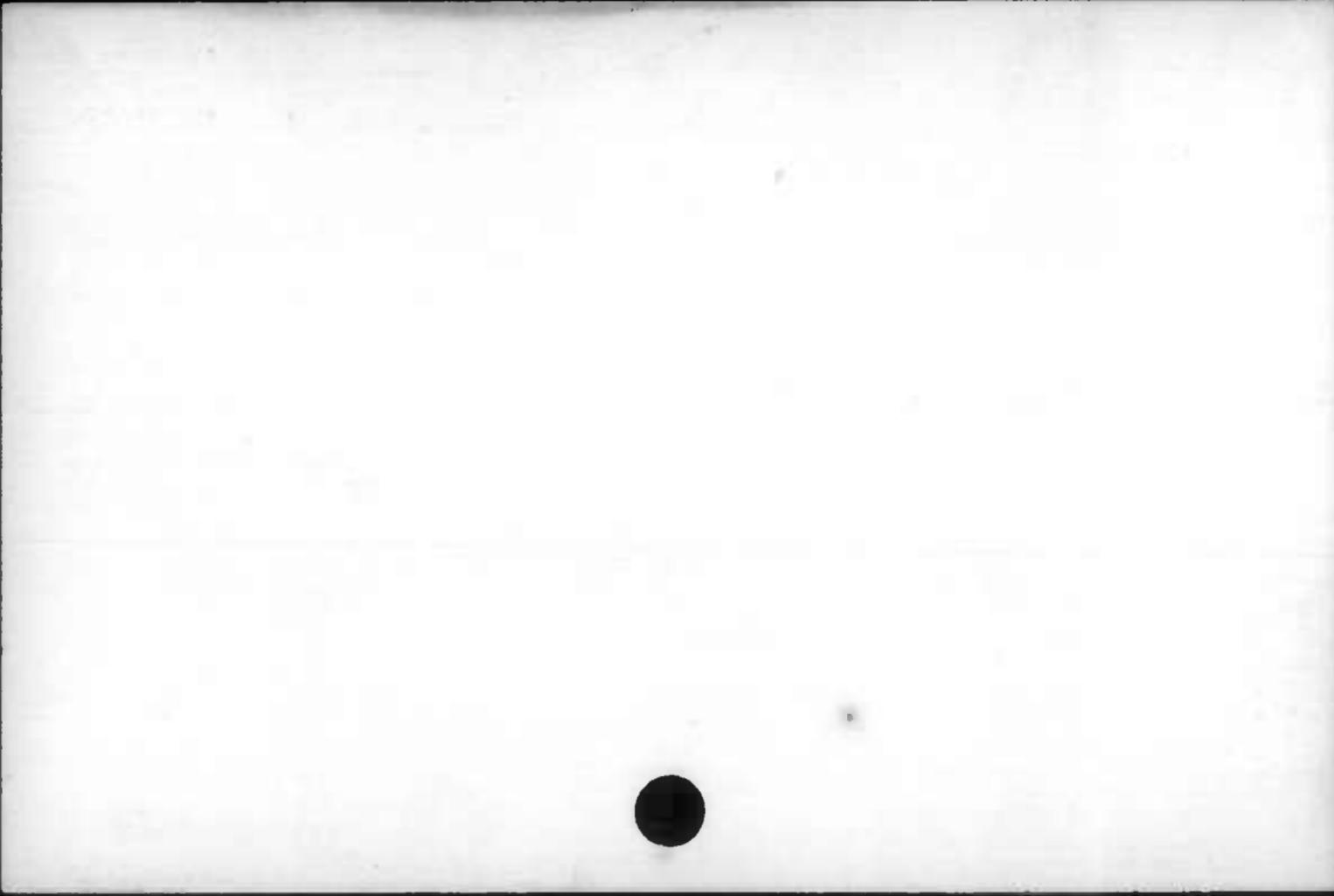
Signature of Physician

Address

J L Brayshaw  
Friendship

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Miss. Bessie Bowe Wilson  
Newton, County

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Newton, Month Day Years Months Days

Date of death 1900 Feb. 7- Age 27- Months Days

Sex Female Color of Race Black Birth-place Maryland.

Occupation Housework -

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Charles Wilson.

Father's Name

John Bowe

Father's Birthplace

Maryland.

Mother's Maiden Name

Persilla Weems.

Mother's Birthplace

Maryland

Name of person giving  
Information

William Phillips.

How related  
to deceased

Half-brother.

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis.

271

✓

How long

one year.

Immediate

Exhaustion

Yes.

How long

two months

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E. S. Foster, M.D.

Solomonis, Maryland.

PHYSICIAN  
OR CORONER

Accident or Suicide

